

Case Number:	CM15-0173298		
Date Assigned:	09/15/2015	Date of Injury:	09/24/2011
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year old female who sustained an industrial injury on 09-24-2011. Diagnoses include reflex sympathetic dystrophy of the lower limb and polysubstance dependence. Physician progress notes dated 07-08-2015 to 08-05-2015 documents the injured worker has complaints of cervical and low back pain, as well as pain in the affected hip and ankle. On examination she walks with an antalgic gait. There is swelling in her left ankle. She is stable on her medications which include Cymbalta, Hysingla, Norco, and Ambien. There is documentation present that the injured worker received a sympathetic nerve block On 06-30-2015 with greater pain relief in the left leg. However, she had some soreness at the injection site over the back along with some radiating pain from the back through the abdomen. Symptoms are improving though. On 06-01-2015 a physician progress notes the injured worker had an epidural sympathetic block the previous week and it improved her pain from 8-9 down to 6 out of 10, and helped for five days. On 04-06-2015 the injured worker has complaints of continued pain in his left lower extremity with swelling present. Resting pain is extending further up her leg than before. Temperature is cooler on her left than her right lower extremity. Cymbalta 30 mg was started with this visit. Treatment to date has included diagnostic studies, sympathetic nerve blocks, and medications. An unofficial Magnetic Resonance Imaging of the left lower extremity done on 06-20-2012 revealed findings consistent with the presence of mild edema of the plantar aspect of the left foot. The treatment plan includes a urine drug screen. On 08-12-2015 the Utilization Review non-certified the requested treatment of transcutaneous electrical nerve stimulation (TENS) unit for left lower extremity, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2011 and is being treated for chronic pain including a diagnosis of left lower extremity CRPS. When seen, she was having a flare-up of symptoms with lower extremity hypersensitivity after going to the beach while trying to be more active. Physical examination findings included an antalgic gait with left lower extremity edema and discoloration. She appeared uncomfortable. A TENS unit and physical therapy for desensitization and to improve range of motion were requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit for left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in September 2011 and is being treated for chronic pain including a diagnosis of left lower extremity CRPS. When seen, she was having a flare-up of symptoms with lower extremity hypersensitivity after going to the beach while trying to be more active. Physical examination findings included an antalgic gait with left lower extremity edema and discoloration. She appeared uncomfortable. A TENS unit and physical therapy for desensitization and to improve range of motion were requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.

